

FORM PTO-1390  
(Rev 5-93)

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

ATTORNEY'S DOCKET NUMBER

ZAHFRI P711US

TRANSMITTAL LETTER TO THE UNITED STATES  
DESIGNATED/ELECTED OFFICE (DO/EO/US)  
CONCERNING A FILING UNDER 35 U.S.C. 371U.S. APPLICATION NO. (if known, use 37 C.F.R. 1.5)  
**10/519829**

INTERNATIONAL APPLICATION NO.

INTERNATIONAL FILING DATE

PRIORITY DATE CLAIMED

**PCT/EP2003/007090****July 3, 2003****July 9, 2002**

TITLE OF INVENTION

**DEVICE FOR EVALUATING VEHICLE, DRIVING AND OPERATING PARAMETERS**

APPLICANT(S) FOR DO/EO/US

**Gerald KARCH and Matthias WINKEL**

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1. ☒ This is a FIRST submission of items concerning a filing under 35 U.S.C. 371.
  2. ☐ This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371.
  3. ☒ This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1).
  4. ☒ A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date.
  5. ☒ A copy of the International Application as filed (35 U.S.C. 371(c)(2))
    - a. ☐ is transmitted herewith (required only if not transmitted by the International Bureau).
    - b. ☒ has been transmitted by the International Bureau. (PCT/IB/308 mailed **15 January 2004**).
    - c. ☐ is not required, as the application was filed in the United States Receiving Office (RO/US)
  6. ☒ A translation of the International Application into English (35 U.S.C. 371(c)(2)), with original drawing, is attached.
  7. ☒ Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))
    - a. ☐ are transmitted herewith (required only if not transmitted by the International Bureau).
    - b. ☐ have been transmitted by the International Bureau.
    - c. ☐ have not been made; however, the time limit for making such amendments has NOT expired.
    - d. ☒ have not been made and will not be made.
  8. ☐ A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
  9. ☒ An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).
  10. ☐ A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).
- Items 11. to 16. below concern other document(s) or information included:**
11. ☒ An Information Disclosure Statement under 37 CFR 1.97 and 1.98 with PTO/SB/08A/08B.
  12. ☐ An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
  13. ☒ A FIRST preliminary amendment w/1 amended drawing and 1 formal drawing attached..
    - ☐ A SECOND or SUBSEQUENT preliminary amendment.
  14. ☐ A substitute specification w/Marked-Up Version of Amended Specification.
  15. ☐ A change of power of attorney and/or address letter.
  16. ☒ Other items or information:
 

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Preliminary Examination Report</li> <li><input checked="" type="checkbox"/> Annexes to Pre. Ex. Rep.</li> <li><input checked="" type="checkbox"/> International Search Report</li> <li><input checked="" type="checkbox"/> German Novelty Search Report</li> <li><input checked="" type="checkbox"/> <u>12</u> copies of citations</li> <li><input checked="" type="checkbox"/> Form PCT/IB/308</li> <li><input checked="" type="checkbox"/> International Publ. No. <b>WO 2004/005768 A1</b> (Face page only)</li> </ul> | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Copy of Request</li> <li><input type="checkbox"/> Submission of Formal Drawings</li> <li><input type="checkbox"/> _____ sheets of formal drawings</li> <li><input checked="" type="checkbox"/> Abstract</li> <li><input type="checkbox"/> Applicant Claims Small Entity Status</li> <li><input type="checkbox"/> Copy of Notification of File Missing Parts</li> <li><input checked="" type="checkbox"/> German Language Specification</li> </ul> |
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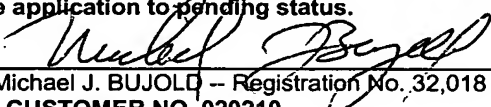
## CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this Transmittal Letter and the papers indicated as being transmitted therewith is being deposited with the United States Postal Service on this date **December 29, 2004** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **EV 544786893 US** addressed to the: Mail Stop PCT, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

**Michael J. BUJOLD**

(typed or printed name of person mailing paper)

  
(signature of person mailing paper)

| <p>17. ■ The following fees are submitted:</p> <p><b>Basic National Fee (37 CFR 1.492(a)(5):</b><br/>         Search Report has been prepared by the EPO or JPO ..... \$1000.00<br/>         International preliminary examination fee paid to USPTO (37 CFR 1.492)(a)(1) .. \$750.00<br/>         No international preliminary examination fee paid to USPTO (37 CFR 1.492)(a)(2)<br/>         but international search fee paid to USPTO (37 CFR 1.445(a)(2)). ..... \$790.00<br/>         Neither international preliminary examination fee (37 CFR 1.492)(a)(3)<br/>         nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... \$1,110.00<br/>         International preliminary examination fee paid to USPTO (37 CFR 1.492)(a)(4)<br/>         and all claims satisfied provisions of PCT Article 33(1)-(4) ..... \$100.00<br/> <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b></p> <p>Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months<br/>         from the earliest claimed priority date (37 CFR 1.492(e)).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Claims</th> <th style="width: 15%;">Number Filed</th> <th style="width: 15%;">Number Extra</th> <th style="width: 15%;">Rate</th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>1 - 20 =</td> <td>0</td> <td>x \$ 50.00</td> <td>0</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>1 - 3 =</td> <td>0</td> <td>x \$200.00</td> <td>0</td> <td></td> </tr> <tr> <td colspan="3">Multiple dependent claim(s) (if applicable)</td> <td>+ \$360.00</td> <td>0</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td>1000</td> <td></td> </tr> <tr> <td colspan="4">Reduction by 1/2 for filing by small entity, if applicable. <b>Applicant Claims Small Entity Status.</b> (Note 37 CFR 1.9, 1.27, 1.28).</td> <td>0</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL =</b></td> <td>1000</td> <td></td> </tr> <tr> <td colspan="4">Processing fee of \$130.00 for furnishing the English translation later the <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).</td> <td>+</td> <td>0</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL NATIONAL FEE =</b></td> <td>1000</td> <td></td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property</td> <td>+</td> <td>0</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL FEES ENCLOSED =</b></td> <td>1000</td> <td></td> </tr> <tr> <td colspan="4"></td> <td>Amount to be: refunded</td> <td>\$</td> </tr> <tr> <td colspan="4"></td> <td>charged</td> <td>\$</td> </tr> </tbody> </table> <p>a. ■ A check in the amount of \$ <u>1,000.00</u> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. <u>04-0213</u> in the amount of \$ _____ to cover the above fees.<br/>         A duplicate copy of this sheet is enclosed.</p> <p>c. ■ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>04-0213</u>. A duplicate copy of this sheet is enclosed.</p> <p><b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b></p> <p>SEND ALL CORRESPONDENCE TO:</p> <div style="text-align: center;"> <br/>         Michael J. BUJOLD -- Registration No. 32,018<br/> <b>CUSTOMER NO. 020210</b><br/>         Davis &amp; Bujold, P.L.L.C.<br/>         Fourth Floor<br/>         500 North Commercial Street<br/>         Manchester, NH 03101-1151<br/>         Telephone (603) 624-9220<br/>         Telefax (603) 624-9229       </div> |              |              |            | Claims                 | Number Filed | Number Extra | Rate |  |  | Total Claims | 1 - 20 = | 0 | x \$ 50.00 | 0 |  | Independent Claims | 1 - 3 = | 0 | x \$200.00 | 0 |  | Multiple dependent claim(s) (if applicable) |  |  | + \$360.00 | 0 |  | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | 1000 |  | Reduction by 1/2 for filing by small entity, if applicable. <b>Applicant Claims Small Entity Status.</b> (Note 37 CFR 1.9, 1.27, 1.28). |  |  |  | 0 |  | <b>SUBTOTAL =</b> |  |  |  | 1000 |  | Processing fee of \$130.00 for furnishing the English translation later the <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). |  |  |  | + | 0 | <b>TOTAL NATIONAL FEE =</b> |  |  |  | 1000 |  | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property |  |  |  | + | 0 | <b>TOTAL FEES ENCLOSED =</b> |  |  |  | 1000 |  |  |  |  |  | Amount to be: refunded | \$ |  |  |  |  | charged | \$ |
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| Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Number Filed | Number Extra | Rate       |                        |              |              |      |  |  |              |          |   |            |   |  |                    |         |   |            |   |  |                                             |  |  |            |   |  |                                      |  |  |  |      |  |                                                                                                                                         |  |  |  |   |  |                   |  |  |  |      |  |                                                                                                                                                                                                       |  |  |  |   |   |                             |  |  |  |      |  |      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| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 - 20 =     | 0            | x \$ 50.00 | 0                      |              |              |      |  |  |              |          |   |            |   |  |                    |         |   |            |   |  |                                             |  |  |            |   |  |                                      |  |  |  |      |  |                                                                                                                                         |  |  |  |   |  |                   |  |  |  |      |  |                                                                                                                                                                                                       |  |  |  |   |   |                             |  |  |  |      |  |                                                                                                                                                                        |  |  |  |   |   |                              |  |  |  |      |  |  |  |  |  |                        |    |  |  |  |  |         |    |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 - 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| Multiple dependent claim(s) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Reduction by 1/2 for filing by small entity, if applicable. <b>Applicant Claims Small Entity Status.</b> (Note 37 CFR 1.9, 1.27, 1.28).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Processing fee of \$130.00 for furnishing the English translation later the <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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12/29/04

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Gerald KARCH and Matthias WINKEL  
Serial no. :  
For : DEVICE FOR EVALUATING VEHICLE, DRIVING  
AND OPERATING PARAMETERS  
Docket : ZAHFRI P711US

**MAIL STOP PCT**

The Commissioner for Patents  
U.S. Patent & Trademark Office  
P. O. Box 1450  
Alexandria, VA 22313-1450

**SUBMISSION OF PROPOSED DRAWING AMENDMENTS  
FOR APPROVAL BY EXAMINER (37 CFR 1.123)  
AND NEW FORMAL DRAWING**

Dear Sir:

Attached hereto please find a copy of Fig. 1 of the original drawings with red ink markings showing proposed changes to the drawing of this application for which the approval of the Examiner is requested. Also enclosed are new formal drawing including the requested amendments.

In the event that there are any fee deficiencies or additional fees are payable, please charge the same or credit any overpayment to our Deposit Account (Account No. 04-0213).

Respectfully submitted,



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